

Substitute for form 1449A&B/PTO  <b>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</b>  (Use as many sheets as necessary)				<b>Complete If Known</b>	
				Application Number	10/518,472
				Filing Date	October 4, 2005
				First Named Inventor	Ito, Masashi
				Art Unit	1633
				Examiner Name	Sajjadi, Fereydoun Ghotb
Sheet	1	of	1	Attorney Docket Number	082368-001500US

U.S. PATENT DOCUMENTS					
Examiner Initials*	Cite No. <sup>1</sup>	Document Number Number Kind Code <sup>2</sup> (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
/FS/	DM	US-6,153,432	11-28-2000	HALVORSEN, Yuan-Di Chang, <i>et al.</i>	

FOREIGN PATENT DOCUMENTS								
Examiner Initials*	Cite No. <sup>1</sup>	Foreign Patent Document			Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	T <sup>6</sup>
		Country Code <sup>3</sup>	Number <sup>4</sup>	Kind Code <sup>5</sup> (if known)				
/FS/	DN	GB	2327224	A	01-20-1999	Mayo Foundation For Medical Education and Research		<input type="checkbox"/>

NON PATENT LITERATURE DOCUMENTS			
Examiner Initials *	Cite No. <sup>1</sup>	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T <sup>2</sup>
/FS/	DO	LEVINE, James A., <i>et al.</i> ; "Adenoviral-Mediated Gene Transfer to Human Adipocytes In Vitro, and Human Adipose Tissue Ex Vivo and Rabbit Femoral Adipose Tissue In Vivo;" <i>J. Nutr. Sci. Vitaminol</i> ; 1998; pp. 569-572; Vol. 44, No. 4.	<input type="checkbox"/>

Examiner Signature	/Fereydoun Sajjadi/	Date Considered	03/20/2007
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\*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

<sup>1</sup> Applicant's unique citation designation number (optional). <sup>2</sup> Applicant is to place a check mark here if English language Translation is attached.